

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90013 014 \*\*\*150.00

**DOCUMENT # P94000043860**

1. Entity Name

**MCLEAN INDUSTRIAL MAINTENANCE, INC.**

Principal Place of Business

**69 IMPERIAL DRIVE E.  
 LAKELAND FL 33815  
 US**

Mailing Address

**P.O. BOX 1066  
 LAKELAND FL 33802  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2350148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDEN, CLAUDE M III  
 1 LAKE MORTON DRIVE  
 LAKELAND FL 33802**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **MCLEAN, NEIL A**  
 CITY-ST-ZIP **67 IMPERIOR DR EAST  
 LAKELAND FL 33815**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **MCLEAN, NEIL B**  
 CITY-ST-ZIP **20419-J STAERLING BAY WEST  
 CORNELIUS NC 28031**

TITLE ☐ Change ☐ Addition  
 NAME **VP**  
 STREET ADDRESS **MCLEAN, NEIL B**  
 CITY-ST-ZIP **17101 GLASSFIELD DR.  
 HUNTERVILLE N.C. 28078**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **MCLEAN, COLIN J**  
 CITY-ST-ZIP **1391 SAWGRASS CT  
 WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **MCLEAN, DARLA K**  
 CITY-ST-ZIP **20419-J STAERLING BAY WEST  
 CORNELIUS NC 28031**

TITLE ☐ Change ☐ Addition  
 NAME **T**  
 STREET ADDRESS **MCLEAN, DARLA K**  
 CITY-ST-ZIP **20419 17101 GLASSFIELD DR  
 HUNTERVILLE N.C. 28078**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **MCLEAN, JOEELLEN**  
 CITY-ST-ZIP **1391 SAWGRASS CT  
 WINTER PARK FL 33813**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Neil A McLean** **NEIL A MCLEAN PRES.** **1-12-02-8636839156**  
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (9/01)